


# Animal Health Screening Form

<b>Owner Name:</b>		<b>Date:</b>	
<b>Animal's Name:</b>		<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	
<b>Animal's Lifestyle:</b> <input type="checkbox"/> active <input type="checkbox"/> moderately active <input type="checkbox"/> sedentary			
<b>Is animal boarded at kennels?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, how often?)			
<b>Veterinarian:</b> Please complete the remainder of this form.			
<b>Section 1: General Health of the Animal</b> The overall health of this animal is (select one):			
<input type="checkbox"/> Excellent (No serious chronic diseases or disorders) <input type="checkbox"/> Very good (Minor complaints associated with normal aging) <input type="checkbox"/> Good (Chronic conditions with occasional flare-ups) <input type="checkbox"/> Poor (Serious chronic condition requiring ongoing treatment)			
<b>Vital signs:</b>		<b>Medications:</b>	
<b>Pulse:</b> <b>Temperature:</b> <b>Respiration:</b> <b>Weight:</b>			
<b>How often do you see this animal?</b>			
<input type="checkbox"/> at least annually <input type="checkbox"/> wellness program <input type="checkbox"/> only when ill or injured <input type="checkbox"/> every _____ months		<input type="checkbox"/> other (please explain)	
<b>Section 2: General Systems Evaluation</b>			
Please list the findings and comment on any abnormal finding, e.g., heart is abnormal, dog has a systolic heart murmur. Note any physical problems that might put the animal at risk while on visits, e.g., arthritis, painful ear infection, etc.			
<i>System</i>	<i>Normal</i>	<i>Abnormal</i>	<i>Findings/Comments</i>
<b>General Appearance</b>	—	—	
<b>Skin/coat</b>	—	—	
<b>Muscular-skeletal</b>	—	—	
<b>Heart/Lungs</b>	—	—	

## Animal Health Screening Form

<i>System</i>	<i>Normal</i>	<i>Abnormal</i>	<i>Findings/Comments</i>
<b>Digestive</b>	—	—	
<b>Eyes/Ears</b>	—	—	
<b>Nervous</b>	—	—	
<b>Lymph Nodes</b>	—	—	
<b>Mucous Membranes</b>	—	—	
<b>Teeth/Mouth</b>	—	—	

**Section 3: Overall Assessment for Dog**

**In your professional judgment, at this time is this animal a good and healthy condition?  
And you could see no issues with breeding of this animal.**

Yes  No

**Please record additional comments or recommendations:**



**Signature of DVM:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_